


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000037801</b> 1. Entity Name <b>VENTRESCA ENTERPRISES, INC.</b>	
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Principal Place of Business <b>1748 INDEPENDANCE BLVD. STE E-6 SARASOTA, FL 34234</b>	Mailing Address <b>1748 INDEPENDANCE BLVD. STE E-6 SARASOTA, FL 34234</b>
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01062007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0932907</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>VENTRESCA, RICHARD A 1323 GEORGETOWNE CIRCLE SARASOTA, FL 34232</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VENTRESCA, RICHARD A 1323 GEORGETOWNE CIRCLE SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VENTRESCA, AMY 1323 GEORGETOWNE CIRCLE SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VENTRESCA, FRANCES 1323 GEORGETOWNE CIRCLE SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MM VENTRESCA, RANDY 4057 MACAELHEN BLVD SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000649690  
03/07/07-80060-007 150.00

U00000649690  
03/07/07-80060-008 8.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Richard A. Ventresca **2-19-07 941-359-2082**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #